Colorado Colonics Detox Center

3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

INTAKE FORM

Name: ______________________ Phone: ______________________

Street Address: ______________________ City: ______________________

State: ________ Zip Code: ______________ Email: ______________________

Preferred method of communication: CALL TEXT EMAIL

Who can we thank for referring you to us? ______________________

Date of birth: ____________ Age: ________ Blood type: ____________

Marital Status: ______________ Number of Children: ________ If pregnant, which trimester: ________

Occupation: ______________________ Stress Level 1 – 10 (10 = High stress): ________

What brought you here? Doctor recommendation Prescription Personal choice Other

____

What is your main purpose in coming today? What are your expectations?

____

What service are you receiving today? (Mark all that apply)

❑ Colonic ❍Open ❍Closed ❑ Ion Foot Detox ❑ Sound Vibration ❑ Other ______________

For COLON HYDROTHERAPY You **MUST** check **YES** or **NO** for each of the following and indicate any **ACTIVE (A)** CONTRAINDICTIONS:

Currently Pregnant	Y	N	A	Chemo/radiation treatment	Y	N	A	Congestive Heart Failure	Y	N	A	Dialysis	Y	N	A
Kidney Condition/Failure				Crohn's Disease				Acute Liver Failure				Cirrhosis			
Aneurysm				Abdominal Surgery				Abdominal Hernia				Renal Insufficiency			
Intestinal Perforation				Bloody Diarrhea				Colon or Rectal Surgery				Severe Hemorrhoids			
Severe Diverticulitis				Rectal Fissures/Fistulas				Severe Anemia				Ulcerated Colitis			
Carcinoma				Severe Cardiac Disease				GI Hemorrhage/Perforation				Colon Cancer			

For ION FOOT DETOX You **MUST** check **YES** or **NO** for each of the following and indicate any **ACTIVE (A)** CONTRAINDICTIONS:

Pacemaker/Electric Appl.	Y	N	A	Pregnant/Breast-feeding	Y	N	A	Medication for Heartbeat	Y	N	A	Organ Transplant	Y	N	A
Congestive Heart Failure				Open Wounds on Feet				Seizures/Epilepsy							

GIFT CERTICIATES AVAILABLE

Full payment of your service is required for all cancellations made with less than 24 hour notice.

BIVENS ACT, ARTICLE 42; You must declare your affiliation with the law or be held personally and individually liable.

Colorado Colonics Detox Center

3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

INTAKE FORM

THE FOLLOWING IS **OPTIONAL**, BUT IT HELPS THE THERAPIST TO PREPARE A BETTER SESSION FOR YOU:

1.OCCASIONAL/MILD SYMPTOM **2**.FREQUENT/MODERATE SYMPTOM **3**.SEVERE/CONSTANT SYMPTOM OR '**NO**' IF NOT APPLICABLE

HEALTH HISTORY	NO	#	HEALTH HISTORY	NO	#	HEALTH HISTORY	NO	#
Allergies			Diabetes			Lung disorders		
Allergies drug reaction			Digestive Problems			Lupus		
Anemia			Diverticulosis			Painful Menstruation		
Anorexia/ Bulimia			Dizziness			Vaginal discharge		
Arthritis			Double/blurred vision			Breast Pain		
Asthma			Earache			Tinnitus/Ringing in ears		
Back problems/pain			Edema/ swelling			Muscle / Joint pain		
Bad breath			Excess Gas			Muscle Stiffness		
Bitter metallic taste			Excessive hair loss			Neuropathy		
Bladder disorders			Fatigue			Organ Transplant		
Bladder infection			Frequent colds			Pacemaker		
Bronchitis			Headaches			Poor appetite		
Burping			Heart-burn/ acid reflux			Prostate problem		
Chronic cough			HEP-C / HIV / Aids			Seizures		
Chronic fatigue			Hemorrhoids			Sinus Problems		
Colitis			High/low blood pressure			Skin disease		
Cold Sores			Insomnia			Uterus disorder		
Constipation			Irritable bowel (IBS)			Uterus/ Ovary problems		
Depression			Liver disorders			Organ Transplant		

Colorado Colonics Detox Center

3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

INTAKE FORM

Please list surgeries or traumas and the date: N/A

____

____

Current treatment by a Doctor or Health Practitioner: N/A

____

Please list all prescription medications: N/A

____

____

Please list all supplements (minerals/vitamins/herbs): ______________________

____

What type of exercise do you do? ______________________

How much water do you drink per day? ______________________

Is there a specific diet you follow? Please explain: ______________________

Are you always hungry/never hungry or eat when nervous? ______________________

Do you have reactions when meals are delayed? ______________________

What foods cause you strong cravings? ______________________

FOR COLON HYDROTHERAPY:

Are you allergic to **COCONUT OIL**? YES NO

When was your last Colon Hydrotherapy session? ______________________ N/A

When was your last Colonoscopy? ______________________ N/A

How many bowel movements per day do you have? __________ Do you strain to have a bowel movement? __________

Do you use a stool softener or laxative? __________ Herbal laxative? __________ Suppository? __________

Colorado Colonics Detox Center

3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

INTAKE FORM

"The purpose of this Center and all therapists herein is to provide services, products, and offer information to clients. Our services, products and information are for vocational and avocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."

INFORMED CONSENT	Initial
I declare that I am not a Federal, State, or Local Agent affiliated with the law	_______
I take full responsibility for any products or supplements that I purchase	_______
I have read, signed, and received a copy of the State of Colorado SB-13-215	_______
I understand that full payment is due for any cancellation within 24 hours	_______
I understand that any special packages, discounts, or purchases are non-refundable	_______

I, ___________________________________ understand and agree to the following:

I have provided all important and relevant medical and personal information to the facilitator; and have honestly answered all questions and not intentionally withholding information that may have an effect on my treatment. I will inform the facilitator of any changes in my physical health. I am agreeing to the office policies and procedures of Colorado Colonics Detox Center (CCDC).
The purpose of Colorado Colonics Detox Center (CCDC) and all therapists associated within is to facilitate and provide services, products, and offer information to clients. Our services, products and information are for vocational and avocational self-improvement. We do not intend to treat, diagnose, prescribe, or cure.
The facilitator is not a physician or nurse. No medical diagnoses, prescriptions, or claims to treat or cure any condition or disease have been promised to me. The facilitator is a complementary and alternative health care practitioner who has explained the procedure of the service(s) selected, the device(s) used, and any potential side effects. If I experience any pain or discomfort, I am responsible for stopping the session and notifying the facilitator immediately. All of my questions have been answered and I agree to participate with the facilitator in this session. I further understand that everyone is unique and will listen to and honor my body's' messages.

______________________________ ______________________________

Signature (Parent/guardian if under 18) Date